

30-Day Jump-Start Tracking Sheet: Phase 1, Days 1-7



NAME: _____

DATE: _____

| | | |
|--------------------------|--|------------|
| UPON WAKEUP | <input type="checkbox"/> Mix one packet of the Isotonix® Daily Essentials with exactly 8 oz of water; drink immediately and wait 20 minutes before eating or drinking anything else* | Time _____ |
| 20 MIN. LATER | <input type="checkbox"/> Mix one scoop of the NutriClean® Advanced Fiber Powder in 8 oz water; drink immediately* | Time _____ |
| | <input type="checkbox"/> Take two release capsules from blister pack* — decrease these if necessary | Time _____ |
| | <input type="checkbox"/> Squeeze ½ lemon in 8 oz warm water; drink immediately | Time _____ |
| BREAKFAST | <input type="checkbox"/> 1 serving fruit _____ <input type="checkbox"/> 1 serving protein _____ <input type="checkbox"/> 3+ servings vegetables _____ | Time _____ |
| MID-MORNING SNACK | <input type="checkbox"/> 8 oz water <input type="checkbox"/> 1 serving fruit _____ | Time _____ |
| SUPPLEMENT | <input type="checkbox"/> Take two Core tablets 30–45 minutes before lunch* | Time _____ |
| LUNCH | <input type="checkbox"/> 16 oz water <input type="checkbox"/> 1 serving good fat _____ <input type="checkbox"/> 3+ servings vegetables _____ | Time _____ |
| AFTERNOON SNACK | <input type="checkbox"/> 8 oz water <input type="checkbox"/> 1 serving fruit _____ <input type="checkbox"/> 2+ servings vegetables _____ | Time _____ |
| SUPPLEMENT | <input type="checkbox"/> Take two Core tablets 30–45 minutes before dinner* | Time _____ |
| DINNER | <input type="checkbox"/> 16 oz water <input type="checkbox"/> 1 serving protein _____ <input type="checkbox"/> 1 serving good fat _____ <input type="checkbox"/> 3+ servings vegetables _____ | Time _____ |
| EVENING SNACK (OPTIONAL) | <input type="checkbox"/> 8 oz water <input type="checkbox"/> 1 serving vegetable _____ | Time _____ |
| BEFORE BED | <input type="checkbox"/> Take the clear packet of NutriClean detox supplements with a large glass of water* | Time _____ |

Other Supplements ? _____

Water:

Sleep: _____ hours

Comments : _____

30-Day Jump-Start Tracking Sheet: Phase 2, Days 8-30



NAME: _____

DATE: _____

| | | |
|--------------------|---|------------|
| UPON WAKEUP | <input type="checkbox"/> Mix one packet of the Isotonix® Daily Essentials with exactly 8 oz of water; drink immediately and wait 20 minutes before eating or drinking anything else* | Time _____ |
| BREAKFAST | <input type="checkbox"/> 16 oz water <input type="checkbox"/> 1 serving protein _____ <input type="checkbox"/> 3 servings vegetables _____ | Time _____ |
| MID-MORNING SNACK | <input type="checkbox"/> 2 scoop of Nutrition Shake with 8 oz of water <input type="checkbox"/> 1 serving fruit _____ | Time _____ |
| SUPPLEMENT | <input type="checkbox"/> Take two Core tablets 30-45 minutes before lunch* | Time _____ |
| LUNCH | <input type="checkbox"/> 16 oz water <input type="checkbox"/> 1 serving protein _____ <input type="checkbox"/> 1 serving good fat _____ <input type="checkbox"/> 2 servings vegetables _____ | Time _____ |
| AFTERNOON SNACK | <input type="checkbox"/> 1 serving of protein <input type="checkbox"/> 2 servings vegetables _____ | Time _____ |
| SUPPLEMENT | <input type="checkbox"/> Take two Core tablets 30-45 minutes before dinner* | Time _____ |
| DINNER | <input type="checkbox"/> 16 oz water <input type="checkbox"/> 1 serving protein _____ <input type="checkbox"/> 1 serving good fat _____ <input type="checkbox"/> 3 servings vegetables _____ | Time _____ |
| EXERCISE | <input type="checkbox"/> Type: _____ Minutes: _____ | Time _____ |
| POST-WORKOUT SNACK | <input type="checkbox"/> 1 serving of protein within 30 minutes of exercise _____ | Time _____ |

Other Supplements ? _____

Water:

Sleep: _____ hours

Comments : _____